



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

March 18, 2026

A-6426384
A-2026-3060891

STAR MEDICAL TRANSPORTATION COMPANY
206 WOODLAWN AVENUE
WILLOW GROVE PA 19090

RE: Application of Star Medical Transportation Company

To Whom It May Concern:

On March 5, 2026, the application of Star Medical Transportation Company, at A-2026-3060891, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Naeem Haider, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

signed: Naeem Haider 03/26/2026

Sincerely,



Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2026-3060891
Star Medical Transportation Company

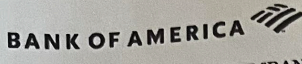
Request for Information

- 1.) Please provide quotes that you have received for commercial motor vehicle insurance.
- 2.) In your previous response to the Commission's request for information, you stated that you would fully fund the corporate bank accounts and provide supporting documentation before commencing operations. As stated previously, **if you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.**

Therefore, please provide a recent copy of the Company's accounts.

- a. The information provided is also to be strictly limited to assets and debts held by the applicant (Star Medical Transportation Company), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Star Medical Transportation Company. Vehicles must be registered to Star Medical Transportation Company. Property must be titled to Star Medical Transportation Company. If these items are not in the name of Star Medical Transportation Company, then they cannot be accounted for as assets held by the Company and considered as part of their financial fitness. Also, since we cannot verify cash, all liquid assets should be transferred to accounts held by the Company.
 - b. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.
- 3.) You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

PLEASE PROVIDED A THOROUGH TYPED RESPONSE TO THESE QUESTIONS ON A SEPARATE SHEET OF PAPER



BANK OF AMERICA, N.A. (THE "BANK")

Account Summary Information /
Información de Resumen de Cuenta

Thank you for allowing us to assist you with your banking needs. Here is a summary of the accounts and services we set up for you or which you applied for today. If any of this information is incorrect, please let us know. We appreciate the opportunity to serve you.

Gracias por permitirnos ayudarle con sus necesidades bancarias. Este es un resumen de las cuentas y los servicios que configuramos para usted o que usted solicitó hoy. Si alguna información es incorrecta, infórmenos. Le agradecemos la oportunidad de servirle.

STAR MEDICAL TRANSPORTATION COMPANY

CHECKING ACCOUNT
Account Number
ACH Routing Number
Title on Account

Business Adv Fundamentals

██████████ 4 5041
01 ██████████

STAR MEDICAL TRANSPORTATION COMPANY

Address

206 WOODLAWN AVE
WILLOW GROVE, PA 19090

BUSINESS DEBIT CARD

Business
Name on Card
Account Number
Address

STAR MEDICAL TRANSPOR

NAEEM HAIDER
*****0246

206 WOODLAWN AVE

WILLOW GROVE, PA 19090

Business Adv Fundamentals, *****5041

Account(s) Linked for Access:

Bank Information

Date	03/16/2026
Banking Center Name	WELSH ROAD
Associate's Name	Lamar Smalls
Associate's Phone Number	267-692-2159

00-14-9082M 02-2022
NPA

Last Posting Date 03/26/2026

Date/Time Printed 3/27/2026 8:24 AM EST

Since Last Statement Summary

Last Statement Date

Balance Last Statement (\$)

Deposits/Credits (+) #

Withdrawals/Debits (-) #

Holds (-)

Pending Credits (+)

Available Balance (\$) \$3,500.00

#Counts include posted items only-Intraday items are not included in the counts

Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description	Type	Amount	Available Balance
	Amount included in Available Balance			
Processing	TELLER TRANSACTION CREDIT ON 03/27	Credit	\$3,000.00	\$3,500.00
03/16/2026	Counter Credit	Deposit	\$500.00	\$500.00

No More Activity For This Account

For additional information or service, please contact the Customer Service Center at 1-800-432-1000

**** 5041

* = Item(s) Included in Previous Statement(s).

Answer to the 10-day letter

03/26/2026

Attached is the statement of the Business bank account. It shows the current funds available. The account has total of \$ 3500 available.

Amendment to Original Application

The business would like to update its service area by **removing Montgomery County**.

Please **add Philadelphia County, the City of Philadelphia, and Chester County to the service area**.

Naeem Haider 03/26/2026